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R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.  
EDITORS.

## QUINIA IN SURGERY AND OBSTETRICS.

The rapidly-extending use of quinia, and the excellent results that have followed its administration in many morbid conditions to which it was thought to be inapplicable, or rather in which its administration was not thought of at all in past times, must have attracted the attention of every reading member of the profession. To-day quinia stands out prominently as our greatest medicine, and malaria is more talked about and written about than any other source of disease.

Lately Dr. S. W. Gross, of Philadelphia, has recorded the success of quinia in his practice in preventing the untoward events which often follow surgical operations, and Dr. Hunter McGuire, of Richmond, in a recent number of the Virginia Medical Monthly, states it as his belief, founded on clinical experiment, that slight cinchonism prevents shock, or so lessens it as to make it inappreciable. It has been for some time the custom of Louisville surgeons to prepare their patients for operation by quinia, instead of by the ancient practice—sad to say, not yet wholly abandoned in certain quarters—of giving purgatives. They also give quinia after the operation, in order to ward off the evils which so often follow operations.

In obstetrical practice we have found quinia a most potent remedy. Indeed, our experience is that puerperal fever, abscess of the breast, phlegmasia dolens, and the like, may be presented with almost absolute cer-

tainty by the administration of quinia prior and subsequently to childbirth. Iron is often a valuable ally of quinia, and should be used freely. The profession all over the world is rapidly awakening to the vast puissance of this *magnum bonum Dei*, and just in proportion as theory is discarded from our creed, and the results of clinical experiment are relied on as the source from which medical truth must come, shall we be led to adopt a sound, rational practice of physic? It is passing strange how theories, in this enlightened, thinking, doubting age, still influence medical belief and practice. A theory has no more probable value than a lottery-ticket. By chance it may be correct, but it is immensely, incalculably more apt to be wrong. We can not from our inner consciousness evolve a knowledge of the laws of nature. It is only by careful experiment that we may hope to discover the secrets of disease; and yet such reasoning as that of Prof. Lister leads astray not a few medical men. Prof. Lister says, in effect, that without the germ theory no rational explanation can be given of certain morbid processes; *ergo*, the germ theory must be true. This is not philosophical, this is not sound, this is not safe reasoning, and is not worthy the great though young science of medicine, which is now rapidly piling up sufficient facts to entitle it to be called a science.

NOT A BAD IDEA.—A Rutland (Vt.) man has sued for forty thousand dollars damages from the village for the loss of three children from diseases caused by imperfect sewerage.

### Original.

#### A FEW THOUGHTS ON THE YELLOW-FEVER QUESTION.

BY WM. H. GALT, M. D.

In the Philadelphia Journal of the Medical and Physical Sciences, published in 1824, in a review on Dr. Hosack's Essays on Medical Science, the following remarks will be found: "We are very far from wishing to embark at present in the stormy ocean in which the yellow-fever question is involved. It has certainly been discussed sufficiently. It has been discussed until the life of man is scarce long enough to spare the time for a fair examination of all that has been said. The passions and interests of men are too much engaged in this dispute to permit us reasonably to hope that there will be unanimity upon it in one day. We must wait for the operation of time, for the gradual accumulation and republication of fresh successive evidence, and for the demise of those who are now engaged in defending their opinions with violence. When our race has passed away, and our feelings are buried in the grave, something more like unanimity; as the opinions of physicians of rank and influence are transmitted to their pupils, and medical disputes are thus prolonged to successive generations; but the warmth of opposition having subsided, those who see the yellow fever will have their due influence, and their observations, now rapidly coalescing, will be more attended to by those who do not possess the same opportunity."

Well, after more than half a century has passed, and those who at that day "defended their opinions with violence" are quietly sleeping in their graves, the sea, on which our reviewer would not embark, is as tempestuous as ever. Opinions are defended now as violently as then, and the "observations" of medical men which then seemed about to "coalesce," are no nearer that consummation than in those early days. There seems to be something in the discussion of yellow

fever which gives to all who participate a tendency to "defend their opinions with violence." The most amiable and kindly of our medical men no sooner engage in the discussion of this subject than they become possessed with the demon of intolerance, and seem to be unwilling to allow an opponent of their views any virtue whatever, and do not hesitate to impugn their personal integrity. The mildest attack may spare the morals of one who differs with them, but will not hesitate to say that no one but a fatuous idiot could advocate so monstrous a heresy. It is with extreme diffidence then that the writer ventures a little way into the surf of this stormy sea. Having no views sufficiently decided to excite any one's wrath, he ventures a few remarks upon this important question. It will not be denied that no question of more interest could occupy the professional mind. The ravages of the last pestilence have left sanitary science a duty which can not be evaded. This duty, which is recognized by the whole profession, and which the world expects it to perform, has already had a commission to meet at Richmond to consider the question and to offer the best means to avert another visitation of yellow fever. We have anxiously waited for its action, knowing that it was composed of men who had fought the dread fiend through the whole of its last invasion, and who brought to the meeting a large experience and a conscientious desire to do all that was best for a stricken people.

To the mind of the writer this commission has been most disappointing. The commission have seemed satisfied to draw conclusions upon evidence which is not satisfactory to an unprejudiced mind, of the origin and spread of the disease. They have enunciated a doctrine of contagion which is incomprehensible. On the contagiousness of the disease much has been written, *pro* and *con*, the larger number of authorities being, I think, in favor of contagion. But it was hoped that this question would at least approach a settlement, not by reliance upon authorities, which are ample on both sides

of the question, but by an intelligent and rigid examination of the phenomena of the epidemic. We have the greatest respect for the gentlemen who composed the commission, and believe them to have brought every qualification, both of ability and enlarged experience, to bear upon this momentous question. While, as has been hinted in the MEDICAL NEWS, the medical department of the Government has committed itself to the side of contagion, and also to quarantine, it was thought that the gentlemen outside of the department would be unbiased by any formal official expression. It is not to be supposed that the final decision, both in favor of contagion and to the effective action of quarantine, was the result of any such bias, but there are many physicians, like the writer, open to conviction, who would like to have a more perfect demonstration of the chain of facts which led to the final verdict.

In an editorial of the LOUISVILLE MEDICAL NEWS of December 7th, the same idea has been expressed, as follows: "We are not prepared to declare that these doctrines may not possibly be true, especially as they are shared apparently by the majority of the profession and people (especially the people), but we can not say that the evidence which the committee presented to prove these views was at all conclusive."

No doubt this feeling has been entertained by others besides the editor of the NEWS and the writer. Of course we don't expect men who have "expressed their views with violence" on the side of non-contagion to be satisfied with any decision which does not accord with their expressed ideas, but hope that the chain of evidence which convinced the committee will be presented to the profession in so clear a form that unprejudiced minds may be willing to accept it, and that its opponents may be silenced. It would be a work of supererogation for me to depict the expense of a quarantine and the suffering which it entails upon the unfortunates shut in with the pestilence behind its rigid chain, for it is recog-

nized by all intelligent men. But before making an experiment so fraught with evil, even in its best form, should not the minds of all interested be convinced by the demonstration called for above, of all the evidence before the committee?

While the late epidemic has furnished us examples of the unselfish heroism of our profession; while all the phenomena of the fever have been studied with the most painstaking care; while the most accurate thermometrical tables of its temperature have been preserved; the microscopical examination of the excreta never so carefully observed and recorded; and while the pathology of the fever has been studied by numerous post-mortems, I appreciate and am grateful for all of these things, I do not consider that every thing has been done. It remains for the committee to put before the profession the reasons for the "faith that is in them."

## EPIDERMIC AND IATROLIPTIC MEDICATION.

### A Lecture

BY L. P. YANDELL, M. D.

*Professor of Clinical Medicine, Dermatology, and Therapeutics in the University of Louisville.*

*Gentlemen*—The subject of to-day's lecture is the administration of remedial agents *epidermically* and *iatroliptically*. By epidermic treatment is meant the application of remedies directly to the skin, and the iatroliptic method signifies the addition of friction in their employment. For instance, at my clinics you have heard the application of opium plasters to the skin ordered for the relief of external or internal pains. This is one of the forms of epidermic medication. And you have also heard me direct the use of liniments for the same purpose. This is the iatroliptic method.

For a long time the power of the skin to absorb was very generally denied; but for more than a hundred years the profession, with a few distinguished exceptions, has conceded this attribute to the skin.

Prof. Charles Caldwell, the first professor

of physiology in this University, wrote a thesis on the subject, in the year 1801, that attracted much attention. Prof. Caldwell was a student in the University of Pennsylvania at the time.

Modern investigations have conclusively proved that digitalis, iodide of potash, infusion of galls, table-salt, nitric acid, sulphate of quinia, the narcotics, turpentine, lead, camphor, and innumerable other substances may be taken into the system through the sound, unbroken cuticle. It is commonly accepted as true that in regions of the body where the lymphatics are most abundant absorption occurs most rapidly, and the thinner portions of the skin are considered the most favorable seats for the epidermic and iatroliptic treatment. The glans penis and anus are said to absorb more rapidly than any other portions of the skin.

The treatment of disease by dermal medication is generally a last resort with physicians. This arises partly from the fact that the mouth and rectum and vagina and the hypodermic syringe offer usually more convenient opportunities for the use of drugs, and partly from the habit the profession has fallen into of overlooking the skin as a fit channel for remedies, and partly from the very general belief that absorption by the skin is more tardy and uncertain than by any other portion of the body. For a number of years I have made frequent and efficient use of the skin in the cure of disease, and I can not do better than to give you my personal experience.

*The moist mercurial vapor bath* is the form of iatroliptic medication I commend to you in the treatment of secondary syphilis. For more than twenty years I have employed this treatment almost exclusively, and I agree with Mr. Langston Parker, Mr. Henry Lee, Dr. D. W. Yandell, and its other advocates, that it cures the disease more quickly, more certainly, and more permanently than any other treatment. Calomel is the best preparation to use. Twenty grains to a drachm should be burned in each bath. The bath, lasting from thirty to forty-five minutes,

should be given daily in most cases. The patient is seated upon a chair, under which are two lamps and two stands. Upon one stand is a thin iron plate for the mercury, and upon the other a pan of water. One lamp vaporizes the water and the other the mercury. The patient is enveloped in an air-tight bag or tub of oil-cloth, gum elastic or doubled canton flannel, which fastens close about his neck. The water-lamp is removed at the end of ten, fifteen, or thirty minutes, after the patient has sweated freely. The mercury-lamp is removed in thirty or forty minutes, and the fumes are allowed to settle, which they do in five or ten minutes. The tub is then removed, and the patient is wiped dry, and I prefer to have him well rubbed. Others advise that he be merely dried, and others put the patient to bed for awhile after the bath.

The apparatus I show you is the one that I prefer. It is of the best canton flannel—two thicknesses of it—and has, as you see, a hoop near the top and at the bottom for the purpose of holding it out from the person. I sometimes use more hoops. The progress of the syphilitic symptoms is frequently arrested by a single bath, and three baths almost invariably suffice to produce a decided improvement. At the end of two months most cases are permanently cured. Some are sooner relieved, and a few require a more prolonged course. By this method salivation seems impossible. Tenderness of the gums and a metallic taste are the evidences which show the patient to be under the influence of the mercury. There is no danger of the mercury by this method accumulating in the system.

*Mercurial ointment.* Rubbing with the common blue ointment, or in other words, the iatroliptic use of mercury, is the favorite treatment of syphilis with the German physicians. The objections against it are its uncleanness, its troublesomeness, and its liability to induce salivation. I have gotten good results, however, with the blue ointment, and in infantile syphilis it is a most convenient and excellent treatment. Apply



a cloth saturated with mercurial ointment around the child's belly, and cover with oiled silk to protect the clothing. The movements of the child produce sufficient friction to secure absorption. The cloth should be remedicated once a week, and daily warm baths assist in the cure. In Vienna ten or fifteen grains of corrosive sublimate are frequently added to the bath, and I have used the sublimate in this way with benefit.

*Quinia.* In the treatment of cholera infantum, which I find most satisfactorily cured by quinia, I have frequently gotten perfectly satisfactory results by rubbing in a glycerine solution of quinia, or with an ointment of cold cream or simple cerate—a drachm of quinia to an ounce of the vehicle—a sixth or a fourth well rubbed in daily. A strong solution of quinia in glycerine, kept in contact with the skin for some days, has also proved very satisfactory in my hands.

*Opium.* The abortion of boils and buboes, I am sure, may often be accomplished by the application of opium plasters, or belladonna plasters with morphia sprinkled on them. In my own person and in patients I have relieved periosteal pains, pleurodynia, neuralgias, etc. by the external application of opium and other anodynes; and I have frequently observed the peculiar constitutional effects of these drugs when applied to the cuticle in the form of plaster, ointment, or liniment.

*Tannic acid.* A solution of tannic acid in glycerine applied to the abdomen has in a number of cases under my care averted diarrhea.

*Oils, unguents.* In all dry forms of skin-disease, in consumption, and other varieties of scrofula accompanied by faulty nutrition, in marasmus, for the reduction of temperature and the relief of itching in fevers, for chapped hands, and for the restlessness of children due to chafing from too free use of soap or from fecal and urinary secretions, free oiling of the cuticle yields most delightful results. I am confident that by this treatment I have saved the lives of not a

few consumptive patients, and I have succeeded in curing cases of ichthyosis and psoriasis which without the assistance of these anointings could not have been cured. It is a safe and wise practice to anoint the skin whenever you find it abnormally dry. It never does harm, and is almost certain to improve the patient's comfort.

The form of oil is of little importance. Cod-liver oil is commonly considered best, but its offensive odor is often an insuperable objection to it. Olive oil and hog's lard answer every purpose. Many patients prefer the oil perfumed, and their wishes should always be gratified. Just before retiring at night is the most convenient time to use the inunction.

In conclusion, let me urge that you give the epidermic and iatroliptic methods of treatment a thorough trial. My faith in these treatments is constantly augmented by experience.

The nutrient power of oils applied to the skin and rubbed in have long been known. In truth, the iatroliptic use of medicines and oils was one of the earliest practices of the profession. For a full account of this treatment I refer you to Dr. Weir Mitchell's most valuable little book, entitled *Fat and Blood, and How to Make Them*.

*Baths.* We have abundant testimony of the efficacy of medicated baths in the treatment of disease. I have no experience with them except that already mentioned. Aqueous solutions are said to be the least easily absorbed. This is due in a measure at least to the natural oil of the skin. To remove this soap should be freely used before applying the medicated water. Solutions in chloroform are said to be most readily absorbed, and alcoholic solutions come next. Both these substances, and especially the chloroform, are irritant to the skin. I have never used either.

#### TOXIC EFFECTS OF MEDICINES ABSORBED BY THE SKIN.

Calomel vapor baths have in two instances in my practice produced diarrhea.

Corrosive sublimate I have known in one

instance to cause symptoms of poisoning when externally applied for a skin-disease.

A tobacco poultice to the neck of a child I have known to give rise to decided symptoms of tobacco-poisoning.

Croton oil rubbed on the chest of a patient, whose cuticle had ceased to be pustulated by it, I have known in one instance to excite a violent diarrhea.

The ointment and the decoction of *cocculus indicus*, excellent pediculicides, are reported to have caused poisoning when extensively applied to the skin; and I might cite a vast amount of testimony as to the absorptive power of the skin, but I must refer you to the books for this.

I have but one other thought to add.

No doubt you wonder how it is possible that there can be two opinions upon a subject of this sort, a matter apparently so easy of demonstration or disproof. If you will reflect, however, you will recollect that men do not all see with the same eyes, or hear with the same ears, or feel with the same touch in the study of any subject. And if you will consider for a moment, you will be compelled to acknowledge that we ministers of medicine do not differ among ourselves one whit more than do the ministers of religion among themselves, or the ministers of law among themselves. In the present imperfect state of human knowledge it is impossible for mankind to produce a perfect and universally accepted creed on any subject.

In conclusion, let me impress upon you that I do not ask or wish you to accept blindly my teachings. I simply ask that you will remember them, and when you are graduated in medicine that you will try them in the crucible of clinical observation. At the same time I am free to say I have no shadow of doubt of the truth of what I have said to you concerning epidermic and iatroliptic medication.

LOUISVILLE.

THE science of the physician is above the assertions of the patient.—*Ricord*.

## A CASE OF ANEURISM IN THE POPLITEAL SPACE CURED BY ESMARCH'S BANDAGE.

BY DAVID W. YANDELL, M. D.

*Professor of the Science and Art of Surgery in the University of Louisville.*

Mr. —, aged forty-five, a farmer, living in Indiana, felt, early in November last, a pain and stiffness about his right knee-joint. At first the pain came on by starts, lasted a few moments, and disappeared. It was rather annoying than severe. Presently it became continuous, and caused a slight limp in his gait. He thought the trouble rheumatic, and in the hope of relief rubbed a liniment, reputed to possess soothing properties, well around the painful joint several times daily. No relief followed, but he detected one morning a slight swelling about as large as a filbert, midway the inner hamstring of his right leg. Some days after he applied to Dr. Field, his former family physician, but now of this city, who was good enough to refer him to me. In the meanwhile the tumor had grown to be half as large again as a pigeon's egg. I was unable to detect pulsation or bruit in it, but on raising the limb the tumor disappeared, and on lowering it would reappear. Whether it was the internal branch of the superior articular artery which was diseased, or one of the sural arteries, I was unable to determine positively, though I think it was the latter. I treated it as follows: The limb was elevated and well emptied of its blood. A flannel roller was carried from the toes around the leg up to the lower edge of the popliteal space, and then above the knee, around the thigh, nearly to the groin. An elastic bandage was applied over this up to the popliteal space. The patient was now directed to stand up, when the aneurism refilled. The elastic bandage was then made to follow the flannel roller up to the groin, and the elastic tubing applied. At the end of an hour the patient made such complaint that chloroform was administered, and the pressure continued under occasional anesthesia for as much as three hours, when the elastic bandage was re-

moved. No impression had apparently been made on the tumor. It could be emptied and would refill as before, and no trace of coagulum could be detected. The patient's sufferings had been severe, and he expressed unwillingness to again submit to such prolonged compression. The flannel roller was allowed to remain, and the man made comfortable with an opiate. The next morning Esmarch's bandage was reapplied and removed as soon as it became painful, which was at the end of twenty minutes. Moderate compression of the femoral artery was continued by the elastic tubing, the patient being directed to slacken it should the pain become severe. At the end of twenty-four hours I thought I could detect a hard spot on one side of the aneurismal sac. Esmarch's bandage was reapplied and removed as upon the previous day. The following morning the hard spot was much enlarged. Four other days of this treatment effected complete solidification of the contents of the tumor. The patient was then furnished with a piece of elastic tubing, with which he was directed to keep up slight pressure on the femoral artery, as a precautionary measure, for as much as a week, and sent home.

LOUISVILLE.

### Reviews.

**The Breath and the Diseases which give it a Fetid Odor:** With Directions for Treatment. By JOSEPH W. HOWE, M. D., author of "Emergencies," Clinical Professor of Surgery in the University of New York, etc. Second edition, revised and corrected. New York: D. Appleton & Co. 1878.

A tiny book, of one hundred pages, that one may easily "read, mark, learn, and inwardly digest" in an hour, with pleasure and profit. So far as we are aware, this is the first work that has been written on bad breath, and the author states that such is the fact. "*Halitosis*, from the Latin *halitus*, breath, and the Greek *nosos*, disease," is the name given to this offensive affection. Dr. Howe states that women are less subject to bad breath than men. This is a pleasant,

poetic, and gallant belief, whether true or not. "The various diseased conditions which prevent the intestinal glands from eliminating the products of destructive metamorphosis are mental emotions, constipation, indigestion, congenital deficiency in the eliminating glandular system, general debility, and low forms of fevers," and these, says the author, are the constitutional causes of bad breath. The local causes, he says, "are decayed teeth, caries of the nasal bones or maxillary bones, ulceration of the lining membrane of the nose, mouth, pharynx, larynx, trachea, or bronchial tubes; also chronic poisoning from lead, arsenic, mercury, and phosphorus." It is safe to say that a sweet breath, or more strictly speaking, an unoffensive breath, is never found except in perfectly healthy persons, and perfectly healthy persons are extremely rare. Furthermore, we seldom find a healthy male who has passed puberty who, either from unsound or unclean teeth, or from some article of food, has not at times, if not generally, unpleasant breath. Healthy children frequently have pleasant, or at least not foul breath, and the same is true of healthy unmarried women. Any food possessing a decided odor will make itself apparent in the exhalations from the lungs. Meats and eggs are apt to taint the breath. Carnivorous animals commonly possess unpleasant breath. Gramnivorous animals, when in health, usually have sweet breath.

The possessors of foul breath, fortunately for their own comfort and unfortunately for the comfort of their associates, are generally unaware of the calamity. People are almost universally sensitive on this point, and friends seldom have the courage to speak about it. Bad breath is one of the sources of broken engagements and domestic infelicity. Dr. Howe cites clergyman's sore throat as one of the diseases which is productive of bad breath. Irreverent and iconoclastic people wickedly say that this variety of sore throat is often induced by the accession of riches from a wealthy marriage or a fat inheritance. In such cases removal of the cause would be

the rational remedy, but it is doubtful if this treatment would be submitted to by the sufferers. Dr. Howe's treatment varies, of course, with the cause. For foul breath from mental emotion he gives five or ten grains of musk several times a day, or one of the following recipes:  $\mathcal{R}$  Tinct. lavand. comp., fl.  $\mathfrak{z}$  ij; tinct. valerian, fl.  $\mathfrak{z}$  ss; mist. camph., fl.  $\mathfrak{z}$  iij; aquæ carui, fl.  $\mathfrak{z}$  j. Dose, fifteen drops on sugar hourly until the mental disturbance ceases. Or either of the following:  $\mathcal{R}$  Tinct. valer. ammon., fl.  $\mathfrak{z}$  ss; tinct. costorii comp., fl.  $\mathfrak{z}$  j; ætheris, gtt xv; aquæ anethi, fl.  $\mathfrak{z}$  jss; half to be taken two or three times a day.  $\mathcal{R}$  Tinct. asafoetida,  $\mathfrak{z}$  j; tinct. hyoscyami, fl.  $\mathfrak{z}$  ij; tinct. cinnam., fl.  $\mathfrak{z}$  jss; aquæ menth pip., fl.  $\mathfrak{z}$  ij. M. Dose, one teaspoonful, in water, every three hours. The following is to be given if the breath remains affected:  $\mathcal{R}$  Pulv. cinnam., pulv. pimentæ, pulv. cardom.,  $\text{ãã}$   $\mathfrak{z}$  ss; sacchar. alb.,  $\mathfrak{z}$  j; mucilag. gum. acaciæ, q. s. Make fifty pills, and take as may be necessary. Fifteen drops of oil of nutmeg mixed in a teaspoonful of olive oil, to be rubbed on the gums, the author commends as a deodorizer. For bad breath from constipation, exercise, proper food, laxatives, and deodorizers are prescribed—also the chewing of calamus root. For the diseased breath from dyspepsia the usual remedies for dyspepsia, and deodorizers are to be given. Congenital bad breath, Dr. Howe says, can only be palliated, not cured. We have given sufficient extracts from the work to convey an idea of its character. It is worthy of perusal, and is likely to find many purchasers.

#### Notes on the Treatment of Skin Diseases.

By ROBT LIVEING, A. M., M. D., Cantab., F. R. C. P., Lond., etc. Fourth edition, revised and enlarged. New York: Wm. Wood & Co., publishers. 1878.

The fact that a work has reached its fourth edition, is capital proof of its popularity. The smallness of Dr. Liveing's book—it contains only about six score of tiny pages—its inexpensiveness, and its clear and concise style are the qualities that have

given it such a run. We can not coincide with the author in his views on the treatment and etiology of skin diseases, although he has certainly the majority of dermatologists on his side. American dermatology is simply imported German dermatology, and Hebra is the father of it. Just as certain as truth is stronger than incorrect theory, Hebra's teachings will cease to control the therapeutics of skin diseases before this century is completed. When practitioners of medicine come to recognize skin affections as simply local manifestations of systemic disease (except the parasites) they will find these maladies just as amenable to treatment as any other manifestations of disease are.

"Success," says Dr. Liveing, "in dealing with cutaneous affections depends more on the skillful application of external remedies than on any one thing else." This assertion is just exactly as wide of the truth concerning skin diseases as it is concerning intermittent fever, acute rheumatism, and syphilis. The skin is no separate and independent system, nourished by some peculiar force and subject to unique toxic influences, but is fed by the same blood that circulates in the periosteum and the pleura, the serous membranes and the mucous membranes, and in all parts of the body, and requires the same remedies that are given to restore health to the nervous system, the digestive system, the genito-urinary system and the muscles and bones and arteries and articulations. Except in the matter of etiology and treatment, as before remarked, Dr. Liveing's book is very excellent, and we advise every practitioner to purchase it.

A full glossary of the technical terms employed in dermatology and a large collection of formulæ add to the attractiveness and usefulness of this work.

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SUITS for malpractice are growing so common as to constitute an epidemic in the state of New York.—*Buffalo Med. and Surg. Jour.*



## Books and Pamphlets.

REPORT ON MALPRACTICE. A paper read before the Maine Medical Association, June 12, 1878, by Eugene Sanger, A. M., M. D., of Bangor.

The author's description of the condition of the profession in Maine is vivid but not cheerful. He says:

The aphorism that a burnt child dreads the fire applies with peculiar force to those of our profession who have had any experience with civil malpractice suits. The laws of our state permit the patient to sue the doctor at a nominal price, without any guarantee for costs, sufficient cause, or good faith; they virtually leave us at the mercy of the legal profession, who under the guise of malpractice, plunder the very men who give aid and comfort to the sick in times of need without money and without price.

The common rumseller, whom the law is enacted to destroy, has the protection of his patrons, which the surgeon does not enjoy, as the law on malpractice actually induces the patient to pounce upon his physician like a thief at night and rob him (though it may not profit the patient any) of his good name, his property, and his means of doing good.

The patient descends upon his physician when he least expects it and least deserves it, in his errands of mercy, and his best endeavors to relieve human suffering and correct natural or accidental deformities. These claims for damages are co-ordinate with the human imagination, and beget lawsuits which are without limit in expense and time.

The report concludes with the following resolutions and remarks:

*Resolved*, That with the existing state laws on civil malpractice, it is unsafe to practice surgery among the poor.

*Resolved*, That a committee of five be chosen by this Association to present the subject to the next Legislature and ask for proper legislation.

Dr. Gordon hoped something would be done in reference to this matter. If some relief was not obtained, the profession would be forced to take the position indicated in the resolution. The appalling statistics presented were almost enough to lead the profession to abandon the practice of surgery. Special legislation was not asked for. He claimed that it would be a benefit to the whole community. The statistics showed that even when the plaintiff secured a verdict, he realized almost nothing from it. It went to pay the cost of courts and lawyers. It was not special legislation to claim that the plaintiff should be responsible for the cost in case of defeat. If per-

sons knew that they were to be thus responsible, they would hesitate to institute suits that had no foundation.

Dr. Sanger wanted to impress upon the profession that the idea that any man could escape suit by care was a false one, as both the medical attendant and the counsel employed for the purpose of protection are often made defendants in the same suit. The statistics presented showed that any man might be prosecuted; one hundred and twenty-five out of six hundred of the physicians of this state had been prosecuted within the last generation. It was safe to conclude that there was not a physician of large practice in Maine who had not been obliged to remit his bill or make some other concession to escape suit. The present system held out inducements to fraud and extortion. There were plenty of lawyers who would fight a suit on shares, and, notwithstanding it was contrary to law, they always managed to escape upon the principle that dog won't eat dog. The poor were induced to prosecute for what they could get. If they did not get a verdict, it cost them nothing. All that was asked was that they should give bonds for the taxable cost in case of defeat. If a man had a good case, there would be no trouble in getting bondsmen, if he were poor.

We are glad we don't live in Maine.

OFFICIAL REPORT OF DR. E. O. BROWN, Physician in charge of the Yellow Fever Hospital, Louisville, Ky., 1878. Argus Printing Company.

An important document, containing, besides Dr. Brown's report, an official statement from our accomplished city engineer, Major Scowden, to the mayor, concerning the alley in the "infected district" about which much has been written.

ANNUAL REPORT OF THE SURGEON-GENERAL OF THE UNITED STATES ARMY, 1878.

THE AMERICAN MEDICAL REVIEW AND INDEX. A monthly journal devoted to the interests of scientific and practical medicine. Vol. I, No. 5, November, 1878. James J. Hale, M. D., editor, Anna, Ills. Terms, \$- in advance.

This is a useful publication, and deserves success.

HEPATIC ABSCESS, with some Remarks upon Dr. Hammond's Paper. By Walter Coles, M. D., St. Louis, Mo. A reprint from the St. Louis Medical and Surgical Journal, October.

This pamphlet will be read with interest by all who have the good fortune to obtain it.

### Miscellany.

**DOUBTFUL NOVELTIES.**—Dr. W. P. Gibbons, of California, does a good work in the October number of the Pacific Medical and Surgical Journal by exposing the pretended new remedies from California called *Yerba Santa*, *Berberis Aquifolium*, *Cascara Sagrado*, and *Yerba Reuma*. They have been pushed upon the profession by a Dr. I. H. Bundy, and by the efforts of Parke, Davis & Co., of Detroit. We regret to add that several medical editors have either been entrapped or have deliberately been bargained into giving their sanction and aid to this form of mercantile exploitation of the profession and their patients. We have a right to demand of them that they now publicly retract their statements about these pretended remedies. —*Med. and Surg. Reporter*. [I have used the cascara sagrado. We have recommended it, and we like it very much. We know nothing of the others.—L. P. V.]

**THE CHEWSTICK.**—This is the name given the *gonasiea domingensis*, a Jamaica climbing plant, which is used as a tooth-brush. Sticks of convenient size and length are chewed at one end, when the fibres separate, making a serviceable substitute for the manufactured brush. In Kentucky the dogwood and the althea are used for this purpose when other tooth-brushes can not be gotten; at least many of us did so during the late war.

**THE SOUTHWESTERN KENTUCKY MEDICAL ASSOCIATION.**—This able body of Kentucky doctors met at Fulton, Ky., on the 4th of December, and remained in session two days. Many valuable papers were read and discussed, and the association, in this, its 16th semi-annual meeting, was largely attended by the best men in the portion of the state from which it draws its membership. We wish the S. K. M. A. unlimited success. Every doctor in Kentucky ought to belong to a medical society and take the LOUISVILLE MEDICAL NEWS.

**HINT TO DISSECTORS.**—It often becomes necessary before the dissection of the orbit is undertaken to inflate a collapsed eyeball. The following method has now been tried in our dissecting-room for more than a year. It is a plan so simple in practice and so perfect in its results that I feel sure it only needs to be known to become generally adopted: An oblique incision is made through the cornea, with a sharp-pointed scalpel, large enough to allow a blow-pipe to pass through. The globe can now be readily distended, for the obliquely-cut inner lip of the section becomes pressed like a valve against the outer wall, and shuts within the imprisoned air. The eyeball remains tense and firm. The air can be released, if needs be, through the blow-pipe, and the globe refilled so long as its walls remain moist.—*Mr. Arthur Hensman, of Middlesex Hospital, in the London Lancet*.

**THE TREMORS OF CHRONIC ALCOHOLISM.**—Dr. Lauder Brunton, of London, recommends for this symptom, and as a remedy for the craving for drink which accompanies it, fifteen drops of tincture of perchloride of iron, with ten drops of tincture of nux vomica, to be repeated as symptoms indicate. For the attendant insomnia bromide of potash is to be freely given. Tincture of capsicum, five or ten drops, is sometimes advantageously combined with the iron and nux vomica. Carbonate of ammonia in infusion of gentian he also speaks highly of, and for the gastric derangement he administers subnitrate or carbonate of bismuth.

**CHLORAL HYDRATE.**—Dr. Dixon, Springfield, Ills., reports, in the Medical and Surgical Reporter, a case of delirium tremens in which the patient took two hundred and forty grains of hydrate of chloral in three and a half hours, with the most satisfactory results. Dr. Carroll, U. S. A., reports, in the Philadelphia Medical Times, the death of a patient who took with suicidal intent four hundred and eighty grains of chloral hydrate.

**CHILD-BIRTH IN THE AIR.**—The Rappel, of Paris, announces the birth of a boy, a few days since, under very novel circumstances. In the "captive balloon," on the 13th inst., a young lady was taken ill. A doctor from Tarbes, who happened to be in the car, saw her safely delivered of a boy before the balloon reached the ground, when a cab took the mother and child to a hotel. The husband (son of one of the leading Manchester manufacturers) presented the doctor with five hundred francs for his services; and the Rappel commends balloon-ascents to doctors in want of patients.

**TINNITUS AURIUM.**—The ringing in the ears produced by quinia is said to be relieved by bromhydric acid. Dose, fifteen drops in water, at intervals of a quarter of an hour. If useful in this form of tinnitus aurium it probably is efficacious in other forms as well.

**THE Army Sanitary Commission** considers that two hundred and sixty-four out of the total number of eight hundred and eighty-six deaths in the whole of the European army must be ascribed directly or indirectly to the effect of intemperate habits.—*London Lancet.*

**Q. E. D.**—Dr. J. Milner Fothergill, of London, writes to the Philadelphia Med. Times this remarkable prediction: "The advance of medicine in the direction of therapeutics lies now mainly in American hands—or, perhaps rather, heads."

**ENORMOUS CONSUMPTION OF QUININE IN THE RUSSIAN ARMY.**—The Russian military hospitals have consumed, during 1877, six thousand kilogrammes of the sulphate and three thousand kilogrammes of the chlorohydrate of quinine. Enormous as this consumption is, it will be exceeded by that of the current year.—*Lyon Med.*

**MOSQUITOES** will not infest a room in which the eucalyptus bush is kept—it is said.

## Selections.

**Recent Methods Suggested for the Treatment of Syphilis.**—London Practitioner: Prof. V. Sigmund gives, in clinical lectures delivered at Vienna, the chief methods that have been suggested in the course of the last decade for the treatment of syphilis, including both new remedies and the novel application of old remedies. Among the former he enumerates carbolic and salicylic acids, iodoform, and the oleate of mercury. With the two first the professor has obtained excellent results, but he appears to have been less successful with iodoform. In regard to the oleate of mercury, it has the advantage over ordinary blue ointment in that it is colorless, but is not otherwise more efficacious. He has not found any special benefit accrue either from the use of suppositories, or from the internal administration of the combination of mercury with sodium chloride (0.10 of sublimate and 2.0 parts of sodium chloride dissolved in 200 parts of water). On the other hand he approves of the combination of the sublimate with collodion in the proportion of 1:8—16. The internal administration of the combined oxides of mercury and iron is placed far below that of the alternate use of mercurial preparations and iron. He finds the inhalation of the sublimate only indicated as a local means in pharyngeal and laryngeal diseases, while it has little or no influence on the general or constitutional affections. As a prophylactic measure, V. Sigmund, like all dualists, regards the excision and subsequent application of caustic to the syphilitic induration as unnecessary and injurious, without, however, objecting to operations for phymosis and paraphymosis when required. In regard to subcutaneous injections he has tried the sublimate, bichloride, and calomel, which he considers to be appropriate and beneficial, while the phosphate, acetate, lactate, and biniodide are to be avoided. He places mercury-albumen injections, with or without solution of common salt, in the same category with the former series; but he thinks subcutaneous injections are only applicable to the slighter and simpler forms of syphilis, and on the whole of comparatively little value.

**Chloride of Ammonium in the Treatment of Hepatic Disease.**—British Medical Journal: Dr. Stewart finds that the action of ammonium chloride is more marked in cases in which the liver is actively congested than in those in which there is chronic hepatitis. The full dose of chloride is twenty grains, which should be administered only after the skin has been rendered moist by the use of some simple diaphoretic mixture in repeated small doses. In cases of acute hepatitis, when this result is obtained the medicine should be at once commenced in twenty-

grain doses twice or thrice daily; its effects, which are marked and regular, being carefully noticed. These effects are a sensation of warmth spreading from the epigastrium over the whole body; the nervous system and the circulatory are exhilarated, the patient feeling "light-headed," and at times drowsy. The acute pain previously complained of is sometimes referred to a point higher up toward the base of the axillary region instead of the right hypochondrium as heretofore. In many cases the patient falls asleep, relieved of all distressing symptoms. These effects are produced within the first fifteen minutes after taking the medicine. During the next quarter of an hour a free and equable perspiration takes place over the entire surface of the body, which lasts for a period varying from one to two hours; while the pain is again felt in the original position, or it may have shifted down as low as the right hip. With succeeding doses the intervals of relief from pyrexia (in hepatitis) and pain referred to the part affected, as well as sympathetic pains in the shoulder, arm, etc. will gradually become longer, till ultimately in favorable cases the relief becomes complete and constant. After several doses of the medicine the urine is much increased in quantity, is limpid, and is passed without uneasiness. After a few days the appetite is much improved, and the patient craves for more food, which must be easily digested, but must in no case be solid. As regards the effect of chloride of ammonium upon the liver and adjacent parts, it is found that the peristaltic action of the alimentary canal becomes much more rapid and energetic, while the abdominal muscles may be thrown into tonic contractions; at the same time various symptoms are felt by the patient which cause him considerable uneasiness at the time, but which ultimately disappear.

**A Symptom of Pregnancy not spoken of by Authors.**—S. C. Dumm, M. D., in Cincinnati Lancet and Clinic: I discovered a symptom of pregnancy that can be relied upon that I don't see mentioned by authors on midwifery. By passing the finger up to the os in the first weeks of pregnancy, the odor will be that of vernix caseosa; which is a sure test of pregnancy, and need not be mistaken by any one. I can not state positively the exact time when this may be detected, but I have noticed it in three or four weeks after conception, and I think it might be detected sooner.

**Composition of the Pancreatic Juice.**—Th. Defresne (Répertoire de Pharmacie) has separated three different ferments from the pancreatic juice, each of which has different functions and properties: amylopsine, which converts starch into sugar; steapsine, which splits up fats; myopsine, which dissolves albumen.

**Martin's Elastic Bandage.**—Mr. Geo. W. Callender, President of the Clinical Society of London, lately brought before that society two cases treated by the elastic bandage illustrating its good effects. One was a case of varicose ulcer, which healed in a few days and remained well. The patient himself managed the application of the India-rubber. The second was a case of chronic effusion into the knee-joint, with a rheumatic history. The limb could not be raised from the bed when the bandage was first applied, but a few days later the man was able to walk down into the hospital square, and the effusion into and thickening of the tissues of the joint had subsided. So far as his present experience went, the president thought that these bandages would prove of great use in hospital practice.

**Esmarch on Cancer.**—In treating of cancer we lately drew attention to Esmarch's suggestions. In deference to inquiries, we may now mention his ordinary prescriptions: Fowler's solution, one drop, three times a day for three days; then for the same time, two drops each dose; then three drops for a dose, and so on as long as it is tolerated. At the same time the following powder is applied: Arsenious acid and muriate of morphia, of each twenty-five centigrammes; calomel, two grammes; powdered gum arabic, twelve grammes. A little is sprinkled on, and the quantity gradually increased up to a teaspoonful. The odor is overcome, a hard dry eschar formed, and the sore granulates without being offensive under the use of the powder.—*London Doctor.*

**The Breasts of Non-nursing Mothers.**—At a discussion, which took place in the Obstetrical Section of the New York Academy of Medicine, upon what should be done for the breasts in cases in which the child was still-born or the mother did not suckle her infant, all the speakers agreed that the best practice was to do nothing whatever to the breasts, and especially to avoid "drawing" them. This negative practice is very distasteful to the friends and nurses, but by strictly observing it, all inconvenience is got rid of within twenty-four or forty-eight hours.—*Medical Record.*

**Treatment of Headache.**—Dr. Schartzke speaks highly of salicylate of soda in the treatment of nervous headache. He gives at the onset thirty grains of the drug dissolved in half a glass of sweetened water.—*Berlin. Klin. Woch.*

**The Eucalyptus in Malarial Disorders.**—When quinine proves ineffectual, the eucalyptus, in ten-drop doses of the tincture, has proved successful in numerous cases.—*Medical Society of the County of Kings Proceedings.*